

Manitoba Prostate Cancer SUPPORT GROUP

Newsletter

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Thanks!

Next Meeting

Date: Wednesday, October 15, 2025

Speaker: : Dr. Jessica Beatty
Naturopathic Doctor Via Natural Medicine

Topic: "Naturopathic medicine in the
management of prostate cancer"
(Have your questions answered in the Q&A)

Location: The First Unitarian Universalist
Church of Winnipeg, 603 Wellington Crescent,
Winnipeg

Time: 7-9 pm

Free Admission Everyone Welcome Plenty of free parking Door Prizes



Thought of The Day

"Bravery is not the
absence of fear
but the forging
ahead despite being
afraid."

- Robert Liparulo

New Prostate Cancer Treatment Options You Should Know About, From a Urologic Surgeon

Highlights

- ◇ Prostate cancer is often highly treatable when detected early through a baseline screening.
- ◇ Robotic surgery and focal therapies provide more precise and less invasive options for localized prostate cancer.
- ◇ Advanced prostate cancer treatments such as targeted hormone therapy and radioligand therapy help extend survival and improve quality of life.
- ◇ Cutting-edge research is shaping the future of prostate cancer diagnosis and treatment.

The American Cancer Society projects that in 2025, the United States will see approximately 313,780 new cases of prostate cancer—and about 35,770 deaths from the disease. Given that prostate cancer ranks as the second-leading cause of cancer-related deaths among American men, after lung

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The Manitoba Prostate Cancer Support Group offers support to prostate cancer patients but does not recommend any particular treatment modalities, medications or physicians ; such decisions should be made in consultation with your doctor.

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cancer, there is an understandable focus on the availability of new treatment options and the potential for a complete cure with these methods.

Vipul R. Patel, MD, FACS, a board-certified urologic surgeon and medical director of the Global Robotics Institute at AdventHealth offers a hopeful outlook: “Prostate cancer is often highly curable with early diagnosis and treatment. We know that early testing leads to early detection of prostate cancer.”

For this reason, Dr. Patel, who is also known for performing more robotic surgeries than any other surgeon worldwide—including over 16,000 robotic prostatectomies (surgery to remove some or all of the prostate gland)—strongly encourages patients to discuss prostate cancer screening options with their healthcare provider, as early detection significantly improves treatment outcomes.

The American Urological Association (AUA) recommends a baseline prostate-specific antigen (PSA) test for those between 45 and 50 years old and suggests earlier screenings for individuals at increased risk, such as those who are Black or have a “strong” family history of prostate cancer.

For patients with advanced or metastatic prostate cancer—where the disease has spread beyond the prostate—Dr. Patel says, “Achieving a complete cure becomes more difficult.”

Although emerging treatments such as hormone therapy, chemotherapy, immunotherapy, and targeted therapy can help manage the disease, they may not eradicate all cancer cells. In such instances, the treatment strategy shifts toward managing the cancer as a chronic condition, aiming to extend and preserve quality of life. Lifestyle factors such as diet, exercise, and stress management can also play a role in optimizing treatment outcomes and improving overall health.

Ahead, Dr. Patel shares new treatment options for prostate cancer you should know about—and offers a peek into the latest research that is revolutionizing prostate cancer diagnosis.

New prostate cancer treatment options

Over the past five years, advancements in prostate cancer treatment have been specifically aligned with the type of prostate cancer diagnosed in patients:

Localized prostate cancer: This type is confined solely to the prostate.

Advanced prostate cancer: In these cases, the cancer has spread beyond the prostate. According to Dr. Patel, the treatment focus here is to “help prolong survival and improve outcomes for patients.”

Robotic surgery

“Robotic surgery to remove the entire prostate has now become the gold standard for treating clinically

significant localized prostate cancer,” says Dr. Patel. This technique is the most prevalent surgical method for prostate cancer in the U.S. It offers several advantages over traditional open surgery, including:

- ◇ Reduced bleeding during the operation
- ◇ Shorter hospital stays
- ◇ Faster recovery times for patients

These advantages occur in large part because the surgeon is able to calibrate and customize the robot’s approach to the patient’s unique anatomy.

Throughout the procedure, the surgeon is controlling the robot’s parts, which acts as the doctor’s “hands”—just tinier. This usually means minimal invasiveness, the smallest incisions possible, and direct, targeted precision.

Focal therapy techniques

In recent years, focal therapy methods like high-intensity focused ultrasound (HIFU) and cryotherapy have drawn increasing attention. These techniques specifically target cancerous sections of the prostate, preserving the rest of the gland.

Despite their growing popularity, the AUA cautions that the long-term effectiveness of these focal therapies has yet to be extensively studied, and consequently, there is a reluctance to widely recommend these treatments until more data is available.

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Learning the basics about prostate cancer

As part of our outreach activity we provide speakers available to any community service group interested in learning about and upgrading their knowledge about prostate cancer. If you are part of a group that would like to learn, or review, the important basics

that everyone should know about this disease, presented at an easy-to-understand layperson level, please contact any board member to schedule a presentation. It takes about an hour and allows for active engagement between speaker(s)

and audience to explore a variety of interests and concerns. There is no cost for this service. Size of the group doesn’t matter, but the more the merrier. You provide the audience and we’ll provide the speaker.

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Advanced prostate cancer

Precision medicine

Precision medicine is transforming prostate cancer treatment by using genomic testing and molecular profiling to personalize care. Genomic testing identifies specific gene mutations in a patient's tumor, while molecular profiling examines broader genetic characteristics. Together, these advanced tools allow doctors to design treatment plans that target the unique biology of each cancer.

One promising example is radioligand therapy with Pluvicto, often described as working like a “guided missile” against prostate cancer cells. Radioligand therapy combines a targeting molecule with a radioactive particle. The targeting part locks onto prostate-specific membrane antigen (PSMA) receptors—proteins commonly found on prostate cancer cells—while the radioactive part delivers a precise dose of radiation that damages and kills those cells, sparing most nearby healthy tissue.

Pluvicto is given as an intravenous (IV) infusion, meaning the medication is delivered directly into the bloodstream through a vein over a set period of time. Before receiving it, patients undergo a PSMA PET scan to confirm their tumors carry enough receptors for the therapy to work.

The FDA has approved Pluvicto for advanced prostate cancer that no longer responds to hormone therapy or chemotherapy, and clinical trials show it can slow disease progression, extend survival, and improve quality of life for men with few remaining treatment options.

Targeted hormone therapies

Prostate cancer is driven by male sex hormones, primarily testosterone. Dr. Patel points out that newer targeted hormone therapies, such as enzalutamide (Xtandi) and abiraterone (Zytiga), have proven effective in treating advanced prostate cancer. These therapies work by “specifically targeting molecules involved in the cancer's growth,” offering a more focused approach to slow the disease's progression.



Multidisciplinary approach

The management of advanced prostate cancer has evolved into a collaborative effort. “It is now common for a combination of treating doctors—including urologists, radiation oncologists, and medical oncologists—to be involved in their care,” explains Dr. Patel. This integrated approach ensures that each patient's needs are met, aiming for the best possible outcomes.

Prostate research progress

There is new research that promises to transform prostate cancer care. Dr. Patel shares a few developments:

- ◇ MRI-guided prostate biopsy: This technique uses MRI imaging to enhance the accuracy of prostate

biopsies, reducing the risk of overlooking clinically significant tumors.

- ◇ Liquid biopsies: These non-invasive tests analyze blood or urine for circulating tumor cells or other biomarkers, offering insights into prostate cancer detection, disease progression, tumor genetics, and treatment response.
- ◇ Artificial intelligence (AI): Dr. Patel's team utilizes AI to analyze surgical videos, predict post-surgery outcomes, and improve the interpretation of MRI images for better prostate cancer detection. AI proves essential in identifying subtle patterns in imaging that might be overlooked by the human eye and can lead to better treatment planning.

*Story by Dr. Patricia
Varacallo, DO*

September 17th, 2025

About the expert

Vipul R. Patel, MD, FACS, is a board-certified urologic surgeon, medical director of the Global Robotics Institute at AdventHealth, and medical director of urologic oncology at AdventHealth Cancer Institute. He is also a professor of urology at the University of Central Florida. Widely recognized as a global leader in robotic surgery, Dr. Patel has performed more than 16,000 robotic prostatectomies. He has authored or contributed to over a dozen medical textbooks on robotic surgery, prostate cancer, and minimally invasive techniques, and his research has been published in more than 100 peer-reviewed journals.

Source: www.msn.com/en-us/technology/biotechnology/new-prostate-cancer-treatment-options-you-should-know-about-from-a-urologic-surgeon/ar-AA1MLc9Q

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‘Not all cancer needs to be cured’: Five ways that prostate cancer treatments have improved

As cases rise, newer drugs, genetic testing, and clearer imaging give patients more options, reduce side effects, and save time.

For decades, doctors treating men with prostate cancer could offer only extreme choices: surgically remove the prostate, target it with radiation that often damaged healthy tissue nearby, or remove the testicles. Treatments commonly caused pain and debilitating side effects such as incontinence and sexual dysfunction.

Today, however, a prostate cancer diagnosis comes with a widening range of options that are more precise, less harmful, less invasive, and more personalized to the patient’s body and life circumstances. Some of the advances in surgery and radiation began taking hold in the mid-1990s and have continued to evolve, while other treatments have emerged in the past 10 to 15 years.

“We no longer have a one-size-fits-all approach,” says Patrick Pilié, MD, assistant professor in the Department of Genitourinary Medical Oncology at The University of Texas MD Anderson Cancer Center.

When Francis Collins, MD, former director of National Institutes of Health (NIH), revealed in April that he had late-stage prostate cancer, it focused attention on this widespread disease and its treatments. Prostate cancer is the second-most common cancer diagnosed in males in the United States, after skin cancer, according to the American Cancer Society (ACS). According to the most recent data from the Centers for Disease Control and Prevention, 236,659 new prostate cancers were reported in 2021, and cases are rising. The disease killed 33,363 men in 2022.

About 40 percent of men over age 65 have low-grade prostate cancer [a small tumor that’s unlikely to spread], yet “many of them never know it,” Collins

wrote in his announcement. The good news: “Very few of them develop advanced disease.”

Collins’ low-grade cancer did advance; he announced that he would undergo robotic surgery to remove his prostate. NIH spokesperson Renate Myles confirmed this week that Dr. Collins had the surgery and is doing well.

The evolution of surgery by robotic arms (controlled by a surgeon) is among an array of technological and procedural advances. 3-D images give doctors precise information about the boundaries of tumors. Genetic analysis helps doctors assess which treatments a patient will respond to best. Certain drugs stop the growth of cancer cells by inhibiting their ability to repair their own DNA or reducing the hormones that they need to survive.

Some of the advances are applied to other cancers as well, but Pilié says they are particularly important for prostate cancer because it is “the most heterogeneous cancer.” That is, it varies greatly in how it presents in examinations, how it spreads, how it affects people, and how it responds to interventions.

Here are several advances, which are sometimes used together or successively.

1. Active surveillance

Perhaps the most expanding response to a prostate cancer diagnosis today is to watch it: that is, to repeatedly assess it and decide if, and how, to intervene. The continuing improvement of diagnostics, coupled with the expansion of treatments for various levels and characteristics of prostate cancer, allow doctors to spare many patients the most invasive procedures.

In the past, “there [were] many patients who got surgery or radiation therapy that they probably didn’t need,” says Lorelei Mucci, MD, director of Strategic Research Partnerships at the ACS. With active surveillance, “the goal is to delay

when somebody might need treatment,” and if treatment is needed, to choose an approach that balances effectiveness against harmful side effects.

For a “low-risk prostate cancer” — one that appears unlikely to expand aggressively, or to affect someone’s quality or length of life — Pilié says that active surveillance makes sense, at least at the start. He and Mucci stress the “active” aspect of the surveillance.

“It’s not wiping your hands and saying, ‘You’ll be fine,’” Pilié says. Active surveillance requires blood tests to monitor levels of PSA (prostate-specific antigen, a protein that indicates the possibility of prostate cancer), along with biopsies and MRIs of the tumor when warranted.

The risk is that the cancer can advance under-the-radar to a point where suddenly the condition is severe. “Trying to decide between watching cancer and doing something can be a very fine line,” notes Benjamin Chung, MD, director of robotic surgery at Stanford Health Care in California.

Collins walked that fine line with his doctors. He had been undergoing active surveillance for years, but earlier this year a sharp rise in his PSA level led doctors to take biopsies and MRI scans, which showed that the cancer had grown significantly and become more aggressive.

“When I heard the diagnosis was now a 9 on a cancer-grading scale that goes only to 10, I knew that everything had changed,” Collins wrote.

2. Less burden on patients

Some treatments have evolved to reduce the side effects and other burdens that significant medical interventions put on patients. Consider radiation therapy: In the 1980s, radiation was typically delivered through 40 rounds of treatments over several months, says

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Daniel Spratt, MD, chair of radiation oncology at University Hospitals in Cleveland. At University Hospitals today, the treatment is completed in five rounds within a couple of weeks, with far less damage to the tissue surrounding the prostate.

A major reason for that change is that radiation oncologists are getting more precise images of the cancerous tumor and are better able to target it while causing minimal or no damage to surrounding tissue. In the past, two-dimensional X-ray imaging gave doctors a view only of the bony anatomy.

“We drew on X-ray films, like you would with a pen,” to highlight the area for treatment, Spratt says. Doctors targeted radiation to kill the cancer cells, knowing that they were also hitting surrounding tissue. Rectum damage — such as bleeding — was a common side effect.

More recent 3-D imaging has allowed surgeons to literally get a better picture of the tumor and deliver radiation more precisely to the cancerous tissue, Spratt says. His team also uses spacer gel that goes around the prostate, creating about a centimeter of space away from the rectum, Spratt says.

Before these practices became common, Spratt says, “we were always trying to figure out how much [radiation] the rectum is able to tolerate.” Now his team can actually deliver stronger doses of radiation to the prostate, which reduces the number of treatments needed and also reduces damage to surrounding tissue. Spratt calls the changes “transformative” for doctors and patients.

3. Genomic evaluation

Advances in genetic testing have enabled doctors to learn about DNA mutations in a patient that might influence how they respond to specific treatments. These mutations can be hereditary or can develop within the tumor itself.

“The shining example,” Pilié says, are PARP inhibitors: oral medications that

are often given to patients who have mutations in their BRCA genes. Both men and women have BRCA genes, which are commonly referred to as “breast cancer genes” because people with mutated BRCA genes are more likely to develop that disease, as well as prostate and ovarian cancer.

Cancer cells use PARP, a protein, to repair damage to their DNA and keep growing. By inhibiting PARP, this treatment curtails the ability of the cancer cells to repair damage, which in turn stops the cells from growing and dividing.

This approach is especially valuable for patients whose cancer has been resistant to other therapies, Pilié says. He notes that genetic testing has become more available and less costly in recent years, so that it is now routinely recommended for certain prostate cancer patients, including those with a family history of prostate, breast, and ovarian cancer, and those whose cancer has metastasized.

4. Hormone reduction

Because prostate cancer cells depend on androgens (such as testosterone) to grow and survive, lowering androgen levels can stop or slow the growth of the cancer. While surgical castration is one option for aggressive and advanced cancer, the reductions are routinely achieved through the delivery of drugs that suppress testosterone production, a process known as androgen deprivation therapy.

“Androgen pathway inhibitors have been the single biggest improvement in treating advanced prostate cancer in the last 5 to 10 years,” Pilié says. “They have significantly improved survival.”

Antiandrogen therapy is commonly used in conjunction with other treatments, but it can have drawbacks, including bone frailty and reduced sexual function. Sometimes the body develops a resistance to the inhibitors, making them less effective as time goes on.

5. Robotic surgery

Robotic surgery for prostate cancer isn’t

new, but over the past two decades it has evolved to become the most common way that prostatectomies — surgery to remove part or all of the prostate — are performed in the United States, according to the ACS. Although it is unclear if the long-term outcomes for patients are better with robotic surgery than with open prostatectomy, the robotic process guides the doctors’ movements precisely and smoothly (the robotic arms have a greater range of motion than human hands) and it tends to have fewer side effects, such as blood loss and pain, Chung says.

For the procedure, the surgeon sits at a console near the operating table and controls the robotic arms and a tiny 3-D camera that provides a high-definition view of the prostate and surrounding area. The surgeon makes several incisions through which he or she inserts the robotic arms and camera. One recent advance, Chung says, is robotic surgery using a single incision, which can reduce damage to the body and post-operative pain.

Collectively, these developments have shifted the focus toward a more personalized approach, taking into account the aggressiveness of the cancer, the patient’s other medical conditions and life circumstances, and appropriateness of the treatment along with the harm that it might cause.

“It’s about identifying cancers that have the highest chance of being aggressive, causing symptoms, taking a man’s life,” Spratt says. “You adapt treatment strategies from there.”

“We are far more cognizant [than before] about this balance of cure and quality of life,” he adds. “Not all cancer needs to be cured.”

By Patrick Boyle, Senior Staff Writer

AAMCNews June 25, 2024

Source: www.aamc.org/news/not-all-cancer-needs-be-cured-five-ways-prostate-cancer-treatments-have-improved

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It's common after prostate cancer surgery, but pelvic floor dysfunction is treatable. Here's how

Women's health lags men's in many ways, but there is one area where the scales are tipped the other way: pelvic health.

"For a long time, we just applied what we knew about women ... to men, and that did not work. There are similarities but there are differences," says specialist pelvic health physiotherapist Dr Shan Morrison.

Women's pelvic floors receive a lot of care and attention, particularly after childbirth, and rightfully so.

But it's just as important that men pay attention to their pelvic health.

Why is pelvic health important for men?

The pelvic floor is a group of muscles that line the base of the pelvis, and for men, play an important role in bowel, bladder and sexual function.

Morrison says research into the pelvic floor for people with penises has started to pick up only in the past 15 years.

"It's a bit taboo. It's not dinner table conversation to talk about a bladder problem or pain in your penis ... and people still don't talk about sexual issues much," she says. "Men are not quite as good [as women] at seeking medical support ... so they tend to just suffer in silence."

Dr David Cowley, men's health clinical stream leader at Active Rehabilitation Physiotherapy, says prostate cancer – accounting for about 28 per cent of cancers diagnosed in males – and its associated surgery is a risk factor for men developing pelvis-related problems. But pelvic floor health is also important for general wellbeing – which can be maintained with simple exercises.

"If men want to improve their erectile

function or stop that little dribble at the end of urination, pelvic floor muscle training can help with that," he says.

"If their bowel movements aren't as good they could be or they're prone to things like haemorrhoids or fissures, then looking after pelvic health care can prevent those conditions from progressing into anything more serious."

What are the signs?

Pelvic floor dysfunction affects about one in eight men. Some of the most common signs are urinary or faecal incontinence and erectile dysfunction.

The two most common pelvic health conditions men present with at their clinics, according to Cowley and Morrison, are chronic pelvic pain syndrome (CPPS) and post-prostatectomy incontinence.

CPPS, experienced by about 7.8 per cent of Australian men, is often referred to as the "black hole of men's health" due to a lack of scientific research and understanding among health professionals and the fact it can't be seen, says Morrison. Symptoms include pain while sitting and pain anywhere from the belly button to the perineum and buttocks.

Prostate cancer is one of the most common forms of cancer for men, and one of its main treatments – a prostatectomy – often leads to incontinence. But post-surgery side-effects are something men are often not prepared for, says Morrison.

"Men aren't used to wearing pads, and often there's not a place to dispose of them in toilets. And they've gone from being completely dry their whole life to then being quite wet," she says.

Thankfully, emerging research shows that preoperative muscle training can

significantly reduce post-operative symptoms such as incontinence and erectile dysfunction, as well as improve rehabilitation.

What causes pelvic floor dysfunction?

According to Morrison, one of the leading causes of pelvic floor issues in her clinic is stress, which can trigger our fight or flight mechanism that "switches on" our muscles.

"And the pelvic floor muscles, interestingly, are one of the first ones that get tension in them," she says.

Tensing these muscles for extended periods of time can lead to pain. In the United States, clinicians have reported seeing an uptick in referrals for pelvic floor issues from men working on Wall Street, thought to be associated with the stress of the industry and prolonged periods of sitting. As a physio, Morrison says she always looks at psychosocial causes, as well as physical ones, when assessing pelvis-related issues.

"We will look at the whole person, and see if their nervous system's contributing ... their thoughts and feelings and what's happening in the world around them."

Morrison says overtraining with weights might also lead to issues, but there is limited data on this.

How can you treat pelvic floor dysfunction?

Morrison's main message if you're experiencing issues is to not be afraid to seek help.

"These problems don't normally get better by themselves."

And often, the solution is simple.

"A lot of men are a bit scared they might need surgery, but the vast

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majority of the time, we can help just by improving pelvic-floor muscle function,” she says.

Cowley recommends exercises involving visualisation and muscle engagement.

“Imagine drawing your penis in or stopping and starting a flow of urine [without actually urinating].”

But to ensure you are performing exercises properly, it’s a good idea to see a pelvic floor specialist, he says.

Story by Lauren Ironmonger

Source: www.msn.com/en-au/health/other/it-s-common-after-prostate-cancer-surgery-but-pelvic-floor-dysfunction-is-treatable-here-s-how/ar-AA1MHNxt

Sydney Morning Herald Lifestyle

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How bad are wait times in Canada? Study suggests millions still waiting for health-care services

The number of Canadians waiting for medical procedures is growing, according to a study published this week from think tank SecondStreet.org.

The report shows approximately 3.7 million Canadians are waiting for surgery, diagnostic scan, or specialist appointment, and suggests those numbers are likely closer to 5.8 million due to incomplete provincial numbers.

“If you’re not on a waitlist yourself, you probably know someone who is on a waitlist,” says Dom Lucyk, director of communications with SecondStreet. “I think Canadians are getting sick and tired of having a system that’s not working out for them and not getting the care they need while paying thousands of dollars for it out of their taxes.”

Among those waiting for surgery is Cathy Holding, who is scheduled for a hip replacement this January, roughly two years after first seeing a doctor.

“Everyday you have pain,” Holding says. “You can’t avoid that.”

Even basic tasks like making a cup of tea and grocery shopping are challenging for Holding, who says waiting for a new hip has forced her to change many aspects of her life.

“The levels of frustration and depression,” she says. “(Depression) is a big one. Accepting your limitations. It’s all part and party to this whole mess

that’s been going on for two years.” According to the Canadian Institute for Health Information (CIHI), more scheduled procedures are being performed to meet growing demand. In 2024, there were 26 per cent more hip replacements, 21 per cent more knee replacements, 11 per cent more cataract surgeries, 7 per cent more cancer surgeries and 16 per cent more MRI and CT scans completed across Canada compared to 2019.



But health systems are also dealing with multiple challenges, including an aging and growing population and workforce shortages in the health-care sector. Among the recommendations from SecondStreet.org is to implement activity-based funding for hospitals, a model that has been employed in several European countries, Japan and Australia.

“Instead of writing a hospital a big cheque and saying do your best, you fund the hospital based on the number of procedures they provide,” says Lucyk. “This really shifts the incentive structure. It makes the system look at patients more as an opportunity.”

For patients like Holding, the longer the wait could mean additional surgeries in the future, a further burden for her and an additional cost for the health care system.

“The issue with the one hip is now affecting the other hip because I carry everything differently,” she says. “So maybe I am creating another surgery one or two years after this one gets done.”

SecondStreet.org is not placing blame on any party or government, but is pushing for change in the way health care in Canada is delivered.

“We can’t rely on this myth anymore that it was COVID that caused all the ills in Canada’s health-care system,” Lucyk says. “This is a deep systemic problem and we need to see some real health reform if we want these numbers to go in the other direction.”

By Heather Wright

Published: September 26, 2025

Source: www.ctvnews.ca/health/article/surgery-diagnostic-wait-times-continue-to-grow-across-canada-report

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FUTURE MEETINGS 2025

19 Nov: Stacey Nickol RD
Registered dietitian, CancerCare Manitoba
Topic: "What you eat is important in being a survivor of prostate cancer"

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17 Dec: No meeting in December.
Enjoy the holiday season.

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